

# RPMS Behavioral Health System

Advanced  
Reports and Manager Utilities  
Training



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*Really  
Powerful at  
Measuring  
Stuff*

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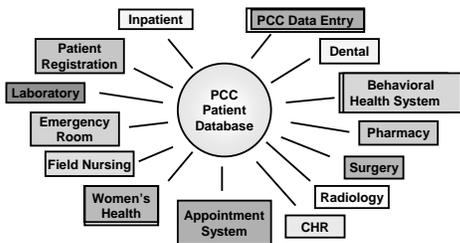
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## RPMS Integrates Multiple Clinical Systems



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## Data Flow

- BH data is exported by I/T/U programs to their respective IHS Area Offices
- Data is aggregated at the Area level and then exported to IHS National Programs in Albuquerque

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## Database of all Behavioral Health Activities on Local RPMS Computer



BHS Data entered into RPMS at local facility.

- Data Entry Module (Traditional or GUI)
- Reports Module
- Export Module — Area — National BHS Database
- PCC Link
- PCC Database — Third Party Billing

## Movement of Data

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## Aggregated BH data is used by DBH and HQE for:

### Program Planning (including staffing and funding)

- Public Health Data (i.e.: Disease Burden)
- Performance Reports
  - Agency Director
  - Area Directors
- GPRA Reports
  - Quality Performance Measures
  - Accountability to OMB

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**Computer & Network  
Security Features**

- Facility Security Awareness Training
- Security Policies, Procedures, Processes
- Network Firewalls
- Secure Server
- Secure Printer Location
- Identification and Authentication
  - User name and Password
- Time Out/Locking Features

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**RPMS Security Features**

- RPMS Access and Verify Codes
- Security keys for each application – distributed on a “need to know” basis
- Menu and Site Parameter Options – “need to know”
- Sensitive Patient Tracking
  - Module in PIMS
  - Audit Trail and Electronic Footprint
  - Alerts appropriate staff if a user accesses a restricted record
  - [http://www.ihs.gov/Cio/RPMS/PackageDocs/PIMS/bdg\\_053s.pdf](http://www.ihs.gov/Cio/RPMS/PackageDocs/PIMS/bdg_053s.pdf)

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**BHS and BH GUI  
Security Features**

- Security keys for sensitive functions (IPV/DV reports, suicide reporting form, delete function, etc.)
- Links to PCC (controls data that passes to PCC)
- Filter on list views – viewing data is limited to provider of service, user who entered data (DE staff) or clinical supervisor
- Suppressed printed Encounter forms

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**HIPAA**  
**Health Insurance Portability and Accountability Act**  
**of 1996 (compliance by April 14, 2003)**

- Standards for Electronic Transmissions (e.g. payment claims, coordination of benefits, premium payments, eligibility for a health plan, etc.)
- Standards for Privacy of Individually Identifiable Health Information
- Security Standards (administrative, physical, and technical safeguards for the security of paper and electronic health information)
- Gives individuals right of access to their own records, right to request amendment/correction, right to receive and audit trail of disclosures

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**HIPAA Compliance and**  
**Electronic Health Records**

- Role-based, “need to know” access controls with password-based security
- Audit trails of who accessed a record
- Secure transactions/transmissions
- Firewalls, VPN (Virtual Private Network), encryption
- Computer screens not in plain view
- Patient notification of information practices
- Security standards policy and procedures and staff training

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**42 CFR Part 2**

- Federal law established in the early 1970’s to address the stigma associated with substance abuse and fear of prosecution when entering treatment
- Confidentiality regulation that affords a higher level of protection to alcohol and substance abuse patient information
- HIPAA does not supersede 42 CFR Part 2
- <http://www.hipaa.samhsa.gov/download2/SAMHSA'sPart2-HIPAAComparisonClearedWordVersion.doc>

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## 42 CFR Part 2

- Generally, a BH program may not say to a person outside the program that a patient attends the program or disclose any information that indicates the patient has a history of drug or alcohol abuse *unless*:
  - The patient consents in writing (on a form that meets the requirements established by the regulation)
  - The disclosure is allowed by a court order, or
  - The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

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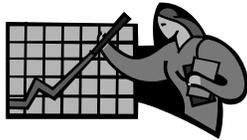
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## GPRA



The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions.

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## GPRA Indicators

- Clinical, such as various diabetes measures, cancer screening, IPV/DV screening and others;
- Office of Information Technology (OIT)-related, such as increasing sites using certain software;
- Quality of care, such as % of accredited hospitals;
- Prevention, such as immunizations and injury prevention;
- Infrastructure, such as access to or improved sanitation facilities; and
- Administrative efficiency

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The CRS Clinical Reporting System is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services (DHHS) and to Congress.



**CRS**

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### What is CRS?

CRS is a software program intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators that depend on RPMS data. CRS allows I/T/U facilities to:

- identify potential data issues in their RPMS, i.e., missing or incorrect data
- monitor their site's performance against past national performance and upcoming agency goals
- identify areas where the facility is not meeting the indicator in order to initiate business process or other changes
- measure impact of process changes on indicators
- identify areas meeting or exceeding indicators

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### CRS Logic: Active Clinical Population

Active Clinical population for national GPRA reporting is defined by the following criteria:

- Must be American Indian/Alaska Native (defined as Beneficiary 01)
- Must reside in a community included in the site's "official" GPRA community taxonomy
- Must be alive on the last day of the Report period
- Must have *two* visits to *medical* clinics in the past three years. (*e.g. two visits to ER will not count*)

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**Standard: Domestic (Intimate Partner) Violence Screening (DV/IPV)**

**FY06 Indicator:** Increase the screening rate for domestic violence in female patients ages 15 through 40.

**Provider Documentation:**

- Patients with documented IPV/DV exam (exam code 34)
- Patients with IPV/DV related diagnoses.
- Patients provided with education (DV-) or counseling about Domestic Violence.
- Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

**Data Entry Codes:**

Exam: *Mnemonic* – EX  
34 or Intimate Partner Violence Screen  
Patient Education: *Mnemonic* – PED  
Topic: DV-  
Refusals: *Mnemonic* – REF  
Exam: INT (or 34)  
Unable to Screen: *Mnemonic* – UAS  
Exam: INT (or 34)  
Purpose of Visit: *Mnemonic* – PV  
PV: v61.11 (counseling)  
Purpose of Visit: *Mnemonic* – PL  
Or Problem List: *Mnemonic* – PL  
Dx: 995.50, 995.51, 995.53, 995.54,  
995.59, 995.80, 995.81, 995.82, 995.83,  
995.85, v15.41, v15.42, v15.49

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**Standard: Support Suicide Prevention by collecting comprehensive data on the incidence of suicidal behavior.**

- **FY2006 Indicator:** Establish baseline data on suicide using the RPMS suicide surveillance tool.
- **RPMS Suicide Reporting Form (SRF)**
  - Standard way to capture comprehensive suicide data
  - BH and medical providers only will have access to Suicide Reporting Forms
  - All SRF data will reside in BHS v3.0 (DBH is steward of data)
  - Direct provider electronic entry is encouraged in:
    - BHS v3.0 and Patient Chart (BH GUI)
    - PCC
    - EHR (pending release)
  - SRF reports are controlled by security keys

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**CRS/GPRA Resources**

1. CRS  
<http://www.ihs.gov/cio/crs/>
2. GPRA  
<http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp>
3. Area GPRA Coordinators

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### Access to BH Data

- Local data
  - ❖ BHS v3.0 Reports Module
- Aggregate “National” data
  - ❖ Indian Health Performance Evaluation System
- CRS (formerly GPRA +)

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### IHPES

- Web-based data retrieval
- Formerly ORYX
- Displays PCC and BHS data
- BHS data (User driven)
  - ❖ Aggregate Export Data
  - ❖ Future reports to include:
    - ❖ Clinical statistics
    - ❖ Top ten POVs
    - ❖ Co-morbid conditions

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### IHPES Security

- Data in aggregate form only with no patient identifiers
- IHS firewall and network security
- User ID and password protection
- Security Socket Layer (SSL) Security (used for “on-line” banking)

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## IHPES Resources

- Michael Gomez, Program Manager, IHPES  
(505)248-4152  
[Michael.Gomez@ihs.gov](mailto:Michael.Gomez@ihs.gov)
- IHPES website  
<http://www.ihs.gov/NonMedicalPrograms/ihpes/index.cfm?module=content&option=home>

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## How RPMS Supports JCAHO Standards of Care



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## JCAHO Standards

### Management of Information (IM)

The goal of the information management function is to support decision making to improve client outcomes; improve clinical/service documentation; assure client safety; and improve performance in client care, treatment, and services, governance, management, and support process.

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**Management of Information  
(JCAHO IM Standard)**

- Principles of good information management and IM standards apply to paper-based, electronic or hybrid record systems; activities to support improved IM processes include:
  - Ensuring timely and easy access to complete information throughout the organization
  - Assuring data accuracy
  - Balancing requirements of security and ease of access
  - Producing and using aggregate data to pursue opportunities for improvement
  - Redesigning IM process to improve efficiency and effectiveness, as well as client safety and quality of client care, treatment, and services
  - Increasing collaboration and information sharing to enhance client care, treatment, and services

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**JCAHO IM Standards**

- Information Management Planning
- Confidentiality and Security
- Information Management Processes
- Information-Based Decision Making
- Client-Specific Information
- Clinical Data and Information

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**JCAHO IM Standards**

- Confidentiality and Security
  - IM.2.10 Information privacy and confidentiality are maintained
  - IM.2.20 Information Security, including data integrity, is maintained
  - IM.2.30 The organization has a process for maintaining continuity of information
- Information Management Processes
  - IM.3.10 The organization has processes in place to effectively manage information, including the capturing, reporting, processing, storing, retrieving, disseminating, and displaying of clinical/service and non-clinical data and information
- Client-Specific Information
  - IM.6.10 The organization has a complete and accurate clinical/case record for every individual assessed or treated
  - IM.6.20 Records contain client-specific information, as appropriate, to the care, treatment, and services provided.

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**JCAHO Standard: PC**

■ Provision of Care, Treatment and Services (PC)

Four core processes:

1. Assessing patient needs
2. Planning care, treatment, and services
3. Providing the care, treatment and services the patient needs
4. Coordinating care, treatment, and services

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**JCAHO Standard: PC**

■ Documentation of Provision of Care using RPMS BH applications:

- Problem/POV codes
- Activity, Type of Contact and CPT codes
- Assessment (Intake)
- Progress Notes
- Medication Notes
- Patient Education, Health Factors and Exam codes
- Treatment Plans
- Disposition
- Case Status

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**Future RPMS Development**



**Behavioral  
Health  
Applications**

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### Recent Releases

- **BHS v3.0 patch 5 (released 11/16/05)**
  - Minor fixes
  - Suicide Form Entry and Reports security keys
  - Modifications in anticipation of IBH in EHR
- **Patient Chart v1.5 patch 1**
  - “Stand alone” Suicide Reporting Form
  - Suicide Entry security keys
  - Modifications in anticipation of IBH in EHR

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### Screening Exam Codes

- **Alcohol Screening Exam Code # 35 and Depression Screening Exam Code # 36**
  - Primarily intended to improve screening in primary care
  - Available now in PCC and EHR (Wellness Tab)
  - Pending release in BHS and Patient Chart
  - Screening activities can still be recorded in BH applications via Patient Education and POV codes

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### IBH in EHR

#### Integrated Behavioral Health (IBH)

- **To be deployed in the IHS Electronic Health Record**
  - ❖ Anticipated release date March 2006
  - ❖ Enhanced BH functionality to include:
    - Order entry of medications, labs and radiology
    - BH TIU templates (biopsychosocials, clinical notes, etc.)
- **Subsequent releases**
  - ❖ Ability to record, store and graph results of standardized psychological tests (VHA MHA)
  - ❖ Robust treatment planning module

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## RPMS Resources

- RPMS  
<http://www.ihs.gov/Cio/RPMS/index.cfm>
- RPMS BH  
<http://www.ihs.gov/cio/bh/>
- RPMS EHR  
<http://www.ihs.gov/CIO/EHR/>

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## Resources

- **IHS Division of Behavioral Health**  
Dr. Jon Perez, Director  
[Jon.Perez@ihs.gov](mailto:Jon.Perez@ihs.gov)  
(301) 443-2038
- **IHS Office of Information Technology**  
Denise Grenier, National Clinical Application Coordinator  
[Denise.Grenier@ihs.gov](mailto:Denise.Grenier@ihs.gov)  
(520) 670-4865  
  
BJ Bruning, Lead User Support Specialist  
[BJ.Bruning@ihs.gov](mailto:BJ.Bruning@ihs.gov)  
(505) 248-4901

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## Wrap Up

- Questions?
- Training Evaluation
- Help Desk  
(888) 830 – 7280  
[support@ihs.gov](mailto:support@ihs.gov)



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